2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P93000083422 DOCUMENT

1. Entity Name

DANIEL W. BLUE M.D., P.A.



Apr 03, 2003 8:00 am \$ Secretary of State

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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Street Address of New Registered Agent	City & State				City & State				4. FEI Number 59-3215681			⊢-]
BURKE, MATTHEW T CPA 503 N. ORLANDO AVENUE SUITE 108 COCOA BEACH FL 32931 8. The above named entity submits this statement for the purpose of changing its registered depent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, types or prieted varies of registered agent ag	Zip	Country			Zip Coui		ntry	5. (Certificate of Status Desired		\$8.75 A	dditional	1
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SUITE 108 COCOA BEACH FL 32931 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am iamiliar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PD BUILE, DANIEL W STREET ADDRESS CITY-ST-2P TITLE VPD Delete SILUE, GLENDA J STREET ADDRESS CITY-ST-2P SATELLITE BEACH FL 32937 TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition Addition AMME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE ADDRESS CITY-ST-2P Addition A	· ·						Street Addr	ress (F	ess (P.O. Box Number is Not Acceptable)					
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	·													1
SIGNATURE Signature, typed or printed rame of registered agent and tible if applicable. (NOTE Registered Agent signature required when reinstating) DATE	COCOA BEACH FL 32931						City	FL Zip Code						1
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Delete

Change

Addition